

## A STUDY OF DEPRESSION AND SOCIAL SUPPORT AMONG ADOLESCENTS

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### ABSTRACT

*The aim of the present study is to investigate depression and social support among adolescents. The total sample comprised of 150 (85 male and 65 female) adolescents in the age range of 17-20 years was randomly selected from selected. The Social Support Questionnaire (SSQ: Sarason, Levine, Basham, & Sarason, (1983) and Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh (1961) were also administered one after another on the randomly selected sample. A t test was used to identify the significant levels. The findings clearly revealed that there is significant gender difference on depression and social support.*

**Key words:** *depression, social support, adolescents*

### INTRODUCTION

Adolescence is one of the important stages in the life span of a human being. It is the phase when very rapid changes take place both physically as well as psychologically. The literal meaning of adolescence is to 'grow up'. This means accomplishing a number of developmental tasks. An adolescent has to adjust to the changes taking place in his/her body and behaviour. He/She realizes that he/ she is no longer a child but has not become an adult. What does the growing adolescents experience and feel? How do he/ she cope with the bodily changes? Why does she/he behave the way she/he does? What are some of the psychological characteristics of adolescents? These are some of the questions this lesson will help you to understand.

The stage of adolescence is one of the significant stages of development in human beings which helps in the transition from childhood to adulthood. It starts from about twelve years of age and continues through eighteen years. This period is marked by rapid and significant physical and psychological transformation of the child like maturation of the sex organs and increase in the height and weight. Let us study about them.

It is accepted that depression during adolescence is a highly prevalent yet mostly an under recognized mental health problem. Studies carried out in diverse cultures report prevalence rates ranging from 1% to 50% for adolescent depression. Presence of depression during adolescence effects the development negatively and

creates a tendency towards high-risk behaviors as alcohol, tobacco use and substance abuse. Current research points out that although there is a biological tendency for the development of adolescent depression, psychological and social factors also play an important role. Therefore intervention programs, focusing on particularly psychosocial factors, gain attention for the prevention and control of adolescent depression. The findings from school based studies which aim to prevent adolescent depression through utilizing cognitive behavioral techniques are promising.

### **DEPRESSION**

The World Health Organization's study into the Global Burden of Disease (Murray & Lopez, 1998) demonstrates clearly that depression is the most prevalent disability and this disability plays a central role in determining the overall health status of a population. Depression covers an extremely wide spectrum of experience, from the almost universal experiences such as grief and bereavement to apparently inexplicable despondence and melancholy. Depression as a psychological disorder is replete with symptom characteristics that are internal to the individual. These features include symptoms of cognitive, emotional, behavioral, and physiological impairment or dysfunction.

Depression and depressive (mood) disorders in children and adolescents may be viewed as internalizing disorders. Until the 1970s, it was believed that depressive disorders resembling adult depression were uncommon among the young. Preadolescent children were thought incapable of experiencing depression. Depression in adolescent was often seen as a normal feature of development, so called adolescent turmoil. However, in the 1970s and early 1980s, several investigators began to diagnose depression in young people using adult criteria. Indeed, recent epidemiological studies have reported that as many as 1 in 10 adolescent girls suffer from depressive disorders (Olsson & Von Knorring, 1999; Angold et al., 1998). Previous notions of "adolescent turmoil" or the perspective of the adolescent who is "just going through a moody stage" are no longer viable conceptualizations (Offer & Schonert-Reichl, 1992). This is amply evident when one considers the large numbers of depressed and suicidal youth, a significant number of whom do not survive to adulthood or do so with significantly reduced psychosocial competence or functioning.

Individuals who are acutely depressive may reject help because they have pessimistic and negative expectations about the worth of such help. In short, they may view their situation as hopeless. Help-negation is implied if depression increases and intentions to seek help decreases. Mendonca and Holden (1996) found that factors other than hopelessness appear to be relevant for understanding

depression. In particular, self reported unusual thinking was found to be the most important predictor in various facets of suicide intent.

### **SOCIAL SUPPORT**

Since the 1970's, the possible influence of social support on health and well-being has attracted the interest of psychologists, sociologists, anthropologists, epidemiologists, and the other public health professionals; seldom has such a diverse group of social and health scientists agreed on the importance of a single factor in promoting health and a unified conceptualization of the meaning of social support, its role in health and mental health, or even how to measure it.

The potential content of the concept of social support has been influenced by many strands of thought, which include Durkheim's development of the idea of anomie, Cooley's concept of the primary group and Bowlby's idea of attachment. The concept of social support forms explanation of differing purpose, operating at very different levels. It can be seen in terms of its social function for individuals, that is, in meeting their needs.

Henderson (1980) concluded that a deficiency in social bonds may, independent of other factors, be a cause of some forms of behavioral dysfunction. The literature on the nature and role of social support in relation to life events is literally burgeoning. There are now plethoras of findings based on a variety of measures that social support sometimes interacts with life events, and sometimes is directly related to a vast array of mental and physical health outcomes (Thoits, 1982; Gore, 1981; House, 1981; Cobb, 1976). Crammer (1991) investigated the relationship between psychological distress and social support along with various other health-relevant variables, in a nationally representative sample of some 2050 women and 1873 men. The correlation between family support and distress was reduced from  $-.13$  to  $-.04$  for women and from  $-.15$  to  $-.10$  for men when all other variables were partialled out.

The sole aim of the present study is to examine the risk factors associated with depression among adolescents of Chandigarh and further to check the available level of social support to co-op up the prevailing stress if they have any. Majority of the depressed adolescents commit suicide, if such depression remains unchecked. Available social support also plays an important role in controlling depression. Therefore on the basis of review of literature following hypotheses have been formulated:

## HYPOTHESES

On the basis of the review of literature presented in the proceeding paragraphs, the current study starts with the following hypotheses:

1. It was predicted that women would report greater amounts of social support than men.
2. It is hypothesized that male will be high on depression as compared to female

## METHOD

### Participants

The total sample comprised of 150 (85 male and 65 female) randomly selected from various colleges of Chandigarh. The age range of the selected participants was from 17-20 years and their verbal consent has already been taken to cooperate in present study. All the participants were assured about the confidentiality of their results.

### Tools

The following tests were used:

1. Social Support Questionnaire (Sarason, Levine, Basham, & Sarason, 1983).
2. Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961)

## PROCEDURE

All the randomly selected participants were contacted personally in their educational institutions for administration of psychological tests to collect the data for the present study. They were tested on the selected tests in a small group of 10 to 15 participants

All the relevant instructions mentioned in the respective manuals pertaining to the tests used were adequately and clearly given well in time to all the participants. A uniform pattern of administration of psychological tools was adopted and the scoring of each test has been done according to the pattern mentioned in respective manuals. Finally, the obtained results were statistically analyzed and discussed accordingly.

## RESULTS AND DISCUSSION

To achieve the purpose of study the obtained data was analyzed through mean, SD and t-ratio. Gender differences in social support have been discussed by various authors (Palmore, & Luikart, 1972; Paris, Nowlis, & Brown, 1989). Throughout the life-cycle, women generally have more close friends than men (Palmore, & Luikart, 1972) Commencing in childhood, girls tend to develop more

intimate interpersonal relationships than boys, (Rosen, 1970; Sanders & Kardinal 1977)

**Table 1:** Mean, SD and t-ratio of male and female on social support

	Mean	SD	t-value
Male	20.8	1.11	11.62**
Female	24.8		

The results presented in aforesaid tables clearly indicated that obtained mean value of female on social support is greater than the male. The female subjects who showed higher social support in term of their relatives as well as family members are less prone to psycho-somatic disorders in their real life. Hence it can be said that first hypothesis i.e. that female participants will have more social support as compared to male counterpart, since this hypothesis has been proved. The benefit of social support for individuals confronted with life crises has been the subject of research for more than two decades. It has been shown, for instance, that greater social integration during periods of high life stress may not only provide sustenance for the psychological well-being of an individual, but might also have a positive impact on a variety of discrete health outcomes (Beautrais, 2002). The present study adds to the literature on social support as a moderator of the stress–illness relationship (Beautrais, 2002, Groleger, Tomory, & Kocmur, 2003). Under stressful circumstances, the incidence of illness and health complaints increases, but this is particularly true for those who suffer from a lack of support.

Apart from this, women provide more emotional support and they get more help in return (Uchino, Cacioppo, & Kiecolt-Glaser, 1996). Explanations for such discrepancies typically focus on gender differences in emotionality and emotional expressiveness. Women emphasize intimacy and self-disclosure in their friendships, and are generally more empathetic, expressive, and disclosing than men (Rotheram-Borus & Trautman, 1998; Verbrugge & Wingard 1987). In short, women seem to invest more of themselves in the lives of their family members and friends than do men.

Gender differences in social support have been discussed by various authors (Greenglass, 1982; Verbrugge, & Wingard, 1987). Throughout the life-cycle, women generally have more close friends than men (Bell, 1981). Commencing in childhood, girls tend to develop more intimate interpersonal relationships than boys, although boys tend to gang together in larger groups (Belle, 1989; Maccoby, 1977). Adult

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women still have a greater number of close relationships and also seemingly more extensive social networks than men (Laireiter, Baumann, 1992; McFarlane, et.al., 1981)). Additionally, women provide more emotional support to both men and women, and they get more help in return (Kessler, et.al., 1985). Explanations for such discrepancies typically focus on gender differences in emotionality and emotional expressiveness. Women emphasize intimacy and self- disclosure in their friendships, and are generally more empathetic, expressive, and disclosing than men (Bell, 1981; Burke, & Weir, 1977). In short, women seem to invest more of themselves in the lives of their family members and friends than do men.

**Table-1;** Mean SD and t-ratio of male and female on depression

	Mean	SD	t-value
Male	18.46	4.02	2.61**
Female	22.48		

Table-2 corroborate that the mean value of female on depression is greater than the male. The female subjects who showed higher depression, hence it can be said that first hypothesis i.e. that female participants are having more depression as compared to male counterpart, since the second hypothesis has also been proved. Understanding the gender difference in depression is important for at least two reasons. First, women's high rates of depression exact tremendous costs in quality of life and productivity, for women themselves and their families. Second, understanding the gender difference in depression will help us to understand the causes of depression in general. In this way, gender provides a valuable lens through which to examine basic human processes in psychopathology.

Women are twice as likely as men to experience depression. Many different explanations for this gender difference in depression have been offered. Across many nations, cultures, and ethnicities, women are about twice as likely as men to develop depression (Nolen-Hoeksema, 1990; Weissman et al., 1996).

The female are repressed because they are because they are biologically weaker than male. Furthermore, if women are more depressed, because they cannot aspire to achieve what men can, it is biological, because their biological roles and human existence has not allowed them to do so. Women have less freedom than men do, and cannot always do as they please, causes to depression.

Moreover, age at first onset of depression and bipolar disorder is similar in males and females (Piccinelli M, Homen FG., 1997.) Yet, adolescent girls have been found to be significantly more likely to experience low and moderate levels of depression and anxiety than adolescent boys (Ohannessian et.al., 1996). Among

adults, women presented slightly more often with milder types of depression than with severe depression in outpatient settings. No gender difference was found in the use of anti-depressive medication (34) nor in the response to it. (Scheibe et.al.,2003) Because gender interacts with other social determinants, women's strain due to stressful life events is a consequence of their differential sensitivity to events. It is a result of role differences, rather than women experiencing more events. Women only have a higher risk following crises involving children, housing and reproduction, rather than those involving finances, work and their marital relationship (Nazroo 2001).

## REFERENCES

- Adam, K.S. (1994). Suicidal behaviour and attachment: A development model. In M.B.Sperling & W.H. Berman (Eds.), *Attachment in adults: Clinical and developmental perspectives* (pp. 275-298). New York: The Guilford Press.
- Adam, K.S., Keller, A., West, M., Larose, S., & Goszer, L.B. (1994 ). Parental representation in suicidal adolescents: A controlled study. *Australian & New Zealand Journal of Psychiatry*, 28, 418-525.
- Allen, J.P., & Land, D. (1999). Attachment in adolescence. In J.Cassidy & P.R.Shaver (Eds.), *Handbook of attachment: theory, research and clinical applications* (pp.319-335). New York: THE Guilford press.
- Allison, S., Roeger, L., Martin, G., & Keeves, J. (2001). Gender differences in the relationship between depression and suicidal ideation in young adolescents. *British Journal of Psychiatry*, 35, 498-503.
- Beautrais, A. L. (2002). Gender issues in youth suicidal behaviour. *Emergency Medicine*, 14, 35-42.
- Bell, R. R. (1981) *Worlds of friendship*. Beverly Hills, CA: Sage,
- Belle, D. (1989) Gender differences in children's social networks and support. In D. Belle (Ed.), *Children's social networks and social supports*. New York: Wiley, p. 173-188.
- Belle, D. (1989). Gender differences in children's social networks and support. In D. Belle (Ed.), *Children's social networks and social supports*. New York: Wiley, , p. 173-188.
- Dimond, M. (1979). Social support and adaptation to chronic illness: The case of maintenance hemodialysis, *Research in Nursing Health*, 2, 101-108.
- Dixon, W.A.,Heppner, P.P., & Anderson,W.(1991). Problem solving appraisal , stress,hopelessness, and suicide ideation in college population. *Journal of Counselling Psychology*, 18,51-56.

## Depression and Social Support

- Gould, M.S., Fisher, P., Parids, M., Faloy, M., & Shaffer, D. (1996). Psychological risk factors of child and adolescent completed suicide. *Archives Gernal Psychiatry*, 53, 1155-1162.
- Greenglass, E. R. (1982). *A world of difference: Gender roles in perspective*. Toronto: Wiley.
- Groleger, U., Tomory, M., & Kocmur, M. (2003). Suicidal ideation in adolescence- An indicator of actual risk ? *Israeli Journal of Psychiatry and Related Sciences*, 40, 202-208.
- Henriksson, M.M., Hillevi, M.M., & Marttunen, M.J. (1993). Mental disorders and
- Hetrick, S.H., Lilly, R.S., & Merrifield, P.R. (1968). Figural creativity, Intelligence and Personality in Children. *Multivariate Behavioural Research*, 3, 173-187.
- Hobfere, P.S., London, A.J. (1986). The impact of care giving on caregivers: Factors associated with psychological well being of Israeli women. *British Journal of Medical Psychology*; 57: 35-44.
- Issometsa, E.T., Henriksson, M.M., & Aro, H.M. (1994). Suicide in major depression. *American Journal of Psychiatry*; 151: 530-536.
- Ivanolt, A. & Jang, S.J. (1991). The role of hopelessness and social desirability in Predicting Suicidal behaviour: A study of prison inmates. *Journal of Consulting and Clinical Psychology*; 59; 394-399.
- Laireiter, A. & Baumann, U. (1992). Network structures and support functions: Theoretical and empirical analyses. The meaning and measurement of social support. Washington, DC: Hemisphere, p. 33-55.
- Maccoby, E. E. (1977). *The development of sex differences*. Stanford, CA: Stanford University Press, 1966.
- Maccoby, E. E. *The development of sex differences*. Stanford, CA: Stanford University Press, 1966. marriage. *Psychological Reports* 40 911-925.
- McFarlane, A. H., Neale, K. A., Norman, G. R., Roy, R. G., & Streiner, D. L. (1981). Methodological issues in developing a scale to measure social support. *Schizophrenia Bulletin* 7 90-100.
- Nazroo JY. (2001). Exploring gender difference in depression. *Psychiatric Times* Vol. XVIII, Issue 3.
- Nolen-Hoeksema, S. (1990). *Sex differences in depression*. Stanford, CA: Stanford University Press.
- Ohannessian CM, Lerner RM, von Eye A, Lerner JV. (1996). Direct and indirect relations between perceived parental acceptance, perceptions of the self, and emotional adjustment during early adolescence. *Family Consumer Science Research Journal* 25:159-83.
- Pallis, D.J. & Jenkins, J.S. (1977). Extraversion, neuroticism and intent in attempted suicides. *Psychological Reports*; 41: 19-22.

- Palmore, E., & Luikart, C. (1972). Health and social factors related to life satisfaction. *Journal of Health and Social Behaviour*; 13:68-80.
- Parley, F.H. & Goh, D.S. (1976). PEN manship: Faking the P-E-N. *British Journal of Social and Clinical Psychology*; 15: 139-148.
- Patsiokas, A.T., Clum, G.A., & Luscomb, R.L. (1979). Cognitive characteristics of suicide attempters. *Journal of Consulting and Clinical Psychology*;47:478-484.
- Piccinelli M, Homen FG. (1997). Gender differences in the epidemiology of affective disorders and schizophrenia. Geneva: World Health Organization, 55,108,110. relationship between sex and psychological distress. In I. G. Sarason & B. R. Sarason (Eds.), *Social psychology*.
- Rorsman, V. (1973). Suicide in Psychiatric patients: A comparative study. *Social Psychiatry*, 8: 55-66.
- Rosen, D.H. (1970). The serious suicide attempt: Epidemiologica! and follow-up study of 886 patients. *American Journal of Psychiatry*; 127: 764-770.
- Roth. D. & Rehm, L.P. (1980). Relationships among self-monitoring processes, memory and depression. *Cognitive Therapy and Research*; 4:149-157.
- Rotheram-Borus, M.J., Trautman, P.D. (1998). Hopelessness, depression and suicidal intent among adolescent suicide attempters. *journal of American Academy of Child Abuse and Psychiatry*; 27:700-704.
- Sanders, J.B., & Kardinal, C.G. (1977). Adaptive coping mechanisms in adult acute leukemia patients in remission. *Journal of the American Medical Association*, 238 : 952-954.
- Sarason, I.G., Johnson, J.H., & Seigel, J.M. (1978). Assessing the impact of life changes: Development of the Life Experiences Survey. *Journal of Consulting and Clinical Psychology*:46, 932-946.
- Sartorius N. (1987) Course of schizophrenia in different countries : some results of a WHO international comparative 5-year follow-up study. PP. 102-113.
- Sartorius, N- (1987) Course of schizophrenia in different countries. Berlin Springer-Vet log; 102-103
- Scheibe S, Preuschhof C, Cristi C, Bagby RM. (2003). Are there gender differences in major depression and its response to antidepressants? *J Affect Disord* 75:223-35.
- Schwarzer, R., & Leppin, A. (1992) Possible impact of social ties and support on morbidity and mortality. In H.O. Veiel & U. Baumann (Eds.), *The meaning and measurement of social support*. Washington D.C., Hemisphere, , p.65-83.

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- Uchino, B. N., Cacioppo, J. T., & Kiecolt-Glaser, J. K. (1996) The relationship between social support and physiological processes: A review with emphasis on underlying mechanisms and implications for health. *Psychological Bulletin* 119 488-531.
- Verbrugge, L. M., & Wingard, D. (1987). L. Sex differences in health and mortality. *Women and Health* 12 103-145
- Verbrugge, L. M., & Wingard, D. L. (1987). Sex differences in health and mortality. *Women and Health* 12 103-145.
- Weissman, M.M., Bland, R.C., Canino, G.J., Faravelli, C., Greenwald, S., Hwu, H.-G., Joyce, P.R., Karam, E.G., Lee, C.-K., Lellouch, J., Lepine, J.-P., Newman, S.C., Rubio-Stipc, M., Wells, E., Wickramaratne, P.J., Wittchen, H.-U., & Yeh, E.- K. (1996). Cross-national epidemiology of major depression and bipolar disorder. *Journal of the American Medical Association*, 276, 293–299.
- Wheeler, L. & Nezlek, J (1977). Sex differences in social participation. *Journal of Personality and Social Psychology* 35 742-754

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Received = 17 July, 2011

Corrected = 11 August, 2011

Corrected = 28 August, 2011

Accepted = 14 October, 2011

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